should state

STATE OF	MARYL	AND-C	CERTIFIC	CATE	OF	DEATH
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1. PLACE OF DEATH	TOTAL TOTAL
County Telles	Registration Dist. No. 293
Village or City Coods va '	No. St., Ward
Length of residence in city or town where death occurredyrsmo	ds. How long in U.S. if of foreign birth?
2. FULL NAME Climan Citum	strong
(a) Residence: No. Cook a (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 29 , 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Churles, armstron	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw have alive on \$11 28 19 ; death is sai
7. AGE Years Months Oays If LESS than 1 day, hrs.	to have occurred on the date stated above, at Pm.
9 Tendo profession or postinuto	Camue Brights Disease. Oate ot one of
S. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	
O To Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Meak A seelosse. (State or country)	Other Contributory Causes of Importance:
13. NAME / Tarry Willis	
13. NAME A Eury Stillis 14. BIRTHPLACE (city or town) (State or country) Unguina	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Farriett Standford.	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Farrett Shaud ford. 16. BIRTHPLACE (city or town) Deuton (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Hers Private Celepla Deuton	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PROPRIEMS JANA Date Oct 1253	Manner of injury
19. UNDERTAKER J. Ziegel Jacom. (Address)	24. Was disease or injury in any way related to occupation of deceased? If so, specify
20. FILEO 9:30 , 1932 . J. L. Gardner Registrer.	(Signed) My ww M Michael M. D. (Address) Senton Md.
Megnitar.	(1001003)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		War (42.5)	
		Na90	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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No.	
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1. PLACE OF DEATH	CERTIFICATE OF DEATH
County Talkat	Registration Dist. No. 290
Village or City 2 ast car	No. Comes are a Hospatal Wal
(II)	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U. S. Hof foreign birth?yrsmose
2 FULL NAME Felis ashley	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (wrise the word)	21. DATE OF DEATH 2 , 193 2
5a. If married, widowed, or divorced	(modiu) (pay) (teal)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
C 111 9 102	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above. atm.
1 day,hrs.	
8. Trada, profession, franticular kind of work yone, a SPINNER, SAWYER, BROKKEEVER, etc.	
SAWYED, BROWKEEPER, etc.	Chartran Suconstille
9. Industry or trueiness in which work was done, as SILK MILL, SAW MILL, BANK, etc	Could hat allringed
10. Data deceased last worked at this occupation (month and spant in this	
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Castan	Oliej Control Canada Vi Importance.
(State or country)	
13. NAME John Madgan asley	
2 14. BIRTHPLACE (city or town) Rock tax	Name of operation Data of 9
(State or country) (Many Care)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME ON an agent Gadd	23. If death was due to external causes (VIOLENCE) fill in also tha following: Accident, suicida, or homicide?
16. BIRTHPLACE (city or town). Constant or country)	Whera did injury occur?
17. INFORMANT 9	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURTAL, CREMATION, OR REMOVAL	Manner of Injury
Place Haspit Date 1973, 1932	Nature of injury
19. UNDERTAKER & Merger en Hoskital	24. Was diseasa or Injury in any way related to occupation of deceased? 22.
20. FILED Sept 3, 19. 32 n. H. Neviis) Registrar.	(Signed) (Address) (Address)

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V	82 mil 1			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—	CERTIFICATE OF DEATH		
1. PLACE OF DEATH	(a)		
County Tallact	Registration Dist. No. 296		
Village or City Eastan	No. Entropy Ward death occurred in a horpital or institution, give its NAME instead of greet and number)		
Length stresidence in city or town where death occurredyrsmos.			
52. FULL NAME Stillbrown Bra	des		
(a) Residence: No You ce /oda)	St., Ward.		
(Usual place of abode)	If nonresident give eity or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
Thurse White S. SINGLE, MARRIED, WIOOWED, OR DIVORCED (purific the word)	21. DATE OF DEATH (Mo (th) (Oay) (Vear)		
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from		
	, 19 to, 19		
6. OATE OF BIRTH (month, day, and year)	I last saw h; death Is seld		
7. AGE Yees Months Oays If LESS than	to have occurred on the date stated above, at		
henton 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were a follows:		
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Mart no 1		
SAWYER, BOOKKEEPER, etc.	Willing aine		
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and	as result / 7.		
SAW MILL, BANK, etc	CONTRACTION UV		
O this occupation (month and spent in this occupation occupation	Gellis - 0		
Easton	Other Contributary Causes of Importance:		
12. BfRTHPLACE (city or town) (State or country)	Della de Della		
100	Delice of Color (Na)		
13. NAME Flagge Enong Brades	du 1 to Central 19001s		
14. BIRTHPLACE (city or town) Prosters	Name of operation Date of Date		
(State of country) of the artists and	What test confirmed diegnosis? Was there en eutopsy?		
15. MAIDEN NAME Flana Elgabeth Todd 16. BIRTHPLACE (city or town) Harmonia	23. If death was due to external causes (VIOL ENCE) fill in also the following:		
5 16. BIRTHPLACE (city or town) Harmony	Accident, suicide, or homicide? Date of injury, 19		
(State or country) The anglain	Where did injury occur?		
17. INFORMANT Played Emery Brades	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION OR REMOVAL	Manner of injury		
Place Sealon paje 1 10, 1900	Nature of injury		
19. UNDERTAKER THAT BEELIS ISON	24. Was disease or Injury in any way related to occupation of deceased?		
(Address) Reston IIIA	If so, specify		
20. FILEO 9/19 19.32 M. H. news	(Signed) M. D. (Address) M. D.		
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.		

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDI	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMAI	mation should be carefully supplied. AGE should be stated EXAC	CAUSE OF DEATH in plain terms, so that it may be properly classi
FOR	V SI	stated	proper
ED C	HIS	be	pe
SERVI	NK-T	pluods	it may
RE	NG I	AGE	that
Z.	ADI	d.	3, 50
CARC	UNF	upplie	terms
	ITH	ally s	plain
	N.	refu	in i
	AINLY	ld be ca	DEATH
	PI	hou	OF
=	-WRITE	mation s	CAUSE
ó		_	

N. B.-WRITE

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Talbol	Registration Dist. No. 290
Village or City land of the Comment	No rossurced dead at Emergers Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number.
Length of residence in city or town where deeth occurredyrsmo	ds. How long in U.S. if of foreign birth? yis mos. ds.
2. FULL NAME Maril Drawnbart	1
(a) Residence: No. Alel 7. Punnanghow and (Usual place of abode)	ue Ballim Wall A If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (grite the word)	21. DATE OF DEATH
J W Single	(Month) Bek (Dey) 24, 193 2 (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, Thet I attended deceased from
(or) WIFE of	19, to
6. DATE OF BIRTH (month, day, and year) LOCK 19, 1915	I lest saw halive on
7. AGE Years Months Deys If LESS than	to have occurred on the date steted above, at
/ 16 // 6 1 dey, hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trade, profession, or perticular	Date of onset
kind of work done, as SPINNER, Jackey work	Freebres Stull 924
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc	
this occupetion (month end bok 24 spent in this occupation 3 wor	att.
e .T: /	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Curus way (Stete or country)	Several Continuous 9/24
II 13. NAME John Braumbart	Yaened Ut. Ressaring
	Name of operation Dete of
(State or country)	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Marie Sitter	23. If death was due to external causes (VIOLENCE) fill in also the following:
I6. BIRTHPLACE (city or town)	Accident, suicide, or homicide Teesters Date of Injury 7/2 / 19 32
(State or country) Germany	Where did Injury occurrees Corbora luce
17 INFORMANT . John ! By sumbast	(Specify city or town, dounty and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) 4617 Pennington and	au Jubles Kighway
18. BURIAL, CREMATION, OR REMOVAL Ballimore	Menner of injury little accepted
Place Call Date 112, 1939	Nature of injury Struck by auto
19. UNDERTAKER James a Sperice	24. Was disease or injury in eny way related to occupation of decessed?
19. UNDERTAKER James a former (Addiess) Easton Ma	24. Was disease or injury in eny way related to occupation of decesed?

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Chronic interstitial nephritis	1921	Run over by street car
Cerebral hemorrhage	July 5, 1927	Peritonitis 32 ago
		OCT
		1919
Other contributory causes of importance:	3	Other contributory causes of importance:
Gallstones	May 1,1923	Gostroenteritis

B.—WRITE

V. S. No. 1

should state

item of infor-

1. PLACE OF DEATH	3
County valbor	Registration Dist. No. 292
	No. St., War If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME James Suber Brown	ds. How long in U.S. If of foreign birth?yrsmosd
(a) Residence: No. (Usual place of abode)	USt., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (purite the word)	21. DATE OF DEATH Sept. 72. (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased fro
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the data stated above, at
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and spent in this	Sul Bril (Smoo)
12. BIRTHPLACE (city or town) Substitution (Stata or country)	Other Contributory Causes of importance:
13. NAME James Gibert / From 14. BIRTHPLACE (gity or town). Valore Co.	
(State of Zounity)	Name of operation
15. MAIDEN NAME Puldre Tingrie Vernell 16. BIRTHPLACE (city or town) - Labor Go - (State or country) 17. INFORMANT Muldred U Grown PT (Address)	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Date Date Date 34, 19 34	Manner of injury
19. UNDERTAICE (Address) 20. FILED 19. 19.37 TOPELOGISTIAN.	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) M.

Af more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Attack of enilepsu Arteriosclerosis 1915 1 week ago Chronic interstitial nevhritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH infor-1. PLACE OF DEAT Jo plnods Registration Dist. No. Village or City_ (If death occurred in a hospital prinstitution, give its NAME instead of street and number) PHYSICIANS Langua of residence in city or town where death occurred statement ___ds. How long in U.S. if of foreign birth? RECORD. (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Month) 5a. If married, widowed, or divosced HUSBAND 22. (or) WIFE of 6. DATE OF BIRTH (month, day, and yeer) properly 7. AGE Years Months Days If LESS than 1 day,hrs. min. Trade, profession, or particular NO kind of work done, as SPINNER. RESERVED SAWYER, BOOKKEEPER, etc. OCCUPAT пнау Industry or business in which should work was done, as SILK MILL, SAW MILL, BANK, etc.... 10. Date deceased last worked at 11. Total time (years) this occupation (month end that spent in this occupation __ 12. BIRTIIPLACE (city or town) (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town) plain Name of operation (State or country) carefully What test confirmed diagnosis? OTHER 15. MAIDEN NAME important in 16. BIRTHPLACE (city or town Accident, suicide, or homicide? (State or country) Where did injury occur? pluods 17. INFORMANT (Address) 18. BURIAL, CREMATION, GREEMOVAL WRITE Manner of injur mation Date. TION Nature of injury 19. UNDERTAKER (Address) If so, specify 20. FILED. Registrar.

If nonresident give city or town and State

MEDICAL CERTIFICATE OF DEATH

(Day) That I attended deceased from

The PRINCIPAL CAUSE OF DEATH and related causes of Importance

Date of onset

23. If death was due to external causes (VIOLENCE) fill in also the following

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

24. Was disease or injury In any way related to occupation of deceased

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	And the same of th	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
The state of the s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	A
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V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	101:3
county Talka 1	Registration Dist. No. 290
Village or City 605 four, MA,	Ndo M Status Hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	
2. FULL NAME MYD. Anna M. BI	nX1ew.
(a) Residence: No. \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX A. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Mor(h) (Day) (Year)
5a. If married, widewid, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
C. 10 0 10(13	I last saw h
6. DATE OF BIRTH/(nonth, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at J. Q. m.
69 1 15—1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Pulmonary subolism 9-17-3:
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month end	J
11. Total time (years) this occupation (month end year) year)	
12. BIRTHPLACE (city or town Concession).	Other Contributory Causes of Importance:
(State or country)	Treduce of both Remus 9467
13. NAME Promoted	
14. BIRTHP (ACK (city or town) Careline	Name of operation Dete of
(State of country)	What test confirmed diagnosis? X V & Cuy Was there an autopsy A VO
15. MAIDEN NAME Mary Tr. Cerdiour	23. If deeth was due to externel causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? electer Date of Injury 7 76, 1932 Where did injury occur? New Preston Wil
(State of county)	(Specify city or town, county and State)
17. INFORMANT TAGS. W. Address)	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Manner of injury and accident
Place tederal ship Date Sept. 191, 1932	Nature of injury I recture of hort femus
19. UNDERTAKER - Framesters Son	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 9/19 , 1932 M. S. Neirus	(Signed) Williams (farmond M. D.
Registrar.	(Address) Casign Vig

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerasis	1915	Attack of epilepsy	1 week aga
Chranic interstitial nephritis	1921	Run over by street car	1 week aga
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstanes	May 1,1923	Gastroenteritis	1 year

N. B .- WRITE PLAINLY, WITH UNFADING INK -- THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-IARGIN RESERVED FOR BINDING

11	STATE OF MARYLAND—	CERTIFICATE OF DEATH 101:4
	1. PLACE OF DEATH	(131)
/	County Valbot	Registration Dist. No. 290
/	Village or City Caston Med	NoSt,Ward
	Length of residence in city or town where death occurred 4yrs,	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
u com	Z. FULL NAME MOSTES & Comba	
	(a) Residence: Nor Nouse for Good Selamon	. St. Ward.
-	(Usurplace of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
0	SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Mgorn) (Day) (Year)
58	(or) WIFE of walter L. Carreper Les	22. I HEREBY CERTIFY. That Lattended deceased from Sept. 19 1932, to left. 28, 19.32
	DATE OF BIRTH (month, day, and year) Clug 1-1861	I last saw have alive on the said
certific	AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at Solution. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
of ce	8. Trade, profession, or particular kind of work done, as SPINNER, at Leoeue SAWYER, BOOKKEEPER, etc.	Chronic Messelist
on back of occupation	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	nephitos 1930
-	this occupation (month and spent in this occupation 2. BIRTHPLACE (city or town)	Other Contributory Couses of importance:
n -	(State or country)	Sitron Werns 1927
See inst	14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy Was
nt.	15. MAIDEN NAME Martha Cerott	*23. If death was due to external causes (VIOLENCE) fill in also the following:
important.	16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
very im	7. INFORMANT M. C. Bowdle (Address) Easter Med	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
.02	B. BURIAL, CREMATION, OR DEMOVAL Piace Caston Stad Date 9/29, 19.32	Manner of injury
TION	9. UNDERTAKER CHARLES OF SECTION MA	24. Was disease or injury in any way related to occupation of deceased?
20	FILED 9/29 1932 M. Merry Regular.	(Signed) AMSS ININUL 8 M.D. (Address)
	aj more vianks are needed, address State Kegistrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

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To be complete, an occupation return must state:

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		11 12 20 7 20 20 20 20 20 20 20 20 20 20 20 20 20	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MADVI AND CEDTIFICATE OF DEATH

1. PLACE OF DEATH	CERTIFICATE OF BEATH
County Tallot	Registration Dist. No. 293,
Village or City work mills	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME James Erroch Clone	ale D. O.
(a) Residence: No. (Usual place of abode)	St., Ward. Olltmore elly It nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Seft. 8- 1932
5a. If married, widowed, or divorced (2) Mar. Alborna. Co.	(Month) (Oay) (Year)
HUSBAND OF Susbanfor Cough	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) May 10-1859.	I last saw h alive on Sept 7- 1932; death is said
7. AGE Years Months Days If LESS than 1 day,hrs. orhrs.	to have occurred on the dete stated above, at
8 Trade profession or particular	Derebral Thewarlage: Date of one of Dereotion: two days control Be
Andustry or business in which work wes done, as SILK MILL,	
Date deceased last worked at this occupetion (month and year) spent in this occupation	
12 DIDTUDI ACT (aits or taum)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country) 1 all to manyland	Herfres Hoster : six weeks direction.
13. NAME Joseph Chagh.	A presions paralytic stackes Jabanang. 1931
13. NAME Joseph Clouds 14. BIRTHPLACE (city or town) Julian Construction (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sy any - Swage .	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT The ophilus Close of	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Managed inter-
Place Spring Hill any pate west, 10, 1982	Manner of injury
19. UNDERTAKER Karl W. Stafford	24. Was disease or injury in any way related to occupation of deceased?
(Address) Custon And.	If so, specify Tisler
20. FILED 9/93 1932, J. L. Gardner Registrar.	(Signed) M. D. Saltzerle Lee

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.

should state

PHYSICIANS Exact statement

of OCCUPA-

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

AARGIN RESERVED FOR BINDING

stated EXACTLY. properly classified.

AGE should be

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be e carefully supplied.

TION is very important.

mation sh -WRITE

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	ii ii	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		1. 00 3 2	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

See Corresponding lunder	lelai for home seaso.	12/6/	32
	1000000	11	77
	<i>x</i> .		

V. S. No. 1	MARGIN RESERVED FOR BINDING	RESERVED	FOR	BINDING	
N. B.—WRITE PLAINLY,	WITH UNFADIA	STHIM THIS	IS A P	ERMANENT	N. B.—WRIFE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-
mation should be care	fully supplied.	AGE should be	stated	EXACTLY	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSTCLANS should state
CAUSE OF DEATH in	n plain terms, so	that it may be	properly	y classified.	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
TION is very important. See instructions on back of certificate.	nt. See instruction	ons on back of	certifica	te.	/

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10	176
1. PLACE OF DEATH	<u> </u>	
County Q \Q S \	Registration Dist. No. , 2	90
Village or City & ODX DIA 1 11	No menacury Huspital or institution, true its NAME instead of street and	Ward I number)
Length of residence in city or town where death occurred yrs mos. 2. FULL NAME SOYLOR TOWN OF THE SOYLOR OF THE S	St. Ward.	mosds.
(Usual place of abode)	If nonresident give city or town an	d State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Sep un len 24	, 193 2) (Yeer)
5a. If married, widowed, or divorced Sofus Coursey (or) WIFE of	22. I HEREBY GERTIFY, That I ettender SEP 1922, to Sept. 21	d deceasad from
6. DATE OF BIRTH (month, day, and year) Fef 5 1884	I last saw h&W elive on SeRX 24 193	U deeth is said
7. AGE Years Months Deys If LESS than	to have occurred on the dete stated above, atm.	
48 7 /9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca were es follows:	Date of enset
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	4 7-	
S. Hade, professing, or particular to the kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Bata deceased last worked at this occupation (month and this proportion) or the proportion of the company of the comp	Deabello	1/132
work was done, as SILK MILL, SAW MILL, BANK, etc		Valout
10. Data deceased last worked at this occupation (month and year) spant in this occupation occupation		
12. BIRTHPLACE (city or town) Prasquille	Other Contributory Causes of Importance:	
(Stata or country) Med.	Deshelie Conia	9/2/37
13. NAME Plus Clarles Courses 14. BIRTHPLACE (city or town) (State or country) Wany land.	Neme of operation Date of What test confirmed diagnosis? Lateral Was there and	eutopsy? 20
15. MAIDEN NAME Sylvia Deresley	23. If death was due to external causes (VIOLENCE) fill in elso the following	ng:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	, 19
State or country) Mary land	Where did Injury occur?	
17. INFORMANT of love Cofficer (Address) Muliuls Mil	(Specify city or town, county and St Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	LACE.
18. BURIAL, CREMATION, OR REMOVAL Place J. J. J. S. M. Date Date 15 195 M.	Manner of Injury	
19. UNDERTAKER Mushar	24. Was disease or Injury in any way ralated to occupation of deceased? If so, specify	20
20. FILED 1932 M. Neckers Registrar.	(Signad) Du Calling (Address) Eastlay My	JM. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. B			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	l		

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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1. PLACE OF DEATH	
County lalk of	Registration Dist. No. 290
Village or City Easton	No. Kmergeney Mos pilast, Ward death occurred in a hospitator institution, give its NAME stead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Baby frene Dea	n word with live Or
(a) Residence: No. rederbls Durc (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH September 12,193 2 (Month) (Oay) (Year)
ia. If married, widowed, or divorced HUSBANO of (or) WIFE of	1 HEREBY CERTIFY, Thet I ettended deceased from
5. DATE OF BIRTH (month, day, and year) Thor. 29,1932	I last saw h. 200 alive on Sept. 12 , 1932; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month end spent in this securation (month end spent in this	Cularo-Colules SON 6/3
10. Date deceased last worked at this occupation (month end year) 11. Total time (years) spent in this occupation occupation 12. BIRTHPLACE (city or town) 12. PLACE (city or town) 14.	Other Contributory Causes of importance:
(State or country)	
13. NAME WYNG DEAW 14. BIRTHPLACE (city or town) Many County)	Name of operation
E 15. MAIDEN NAME hillian Clewer	23. If death was due to external couses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Telestals but a. Md. (State or country)	Accident, suicide, or homicide?
17. INFORMANT MYS Tederals Man	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Tederal Surgeate Sept 13, 19.32	Manner of injury
19. UNDERTAKER Framplom & Son (Address) Federalling mil	24. Was disease or injury in any wey related to occupation of deceased? If so, specify
20. FILED 11 2 , 1932 N. H. New Registrar.	(Signed) M. I. (Address) CCS M. A. A.

CTATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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s should state of OCCUPA-	1	County Talbot Village or City 5t. Michaels	Registration Dist. No. 291 No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) os. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
YSICIANS	2	FULL NAME Mary Florence Kron	
PHY Exact St		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
r L Y	Fe	Married, widowed, or divorced HUSBAND of (or) WIFE of	21. DATE OF DEATH (Month) (Day) 1 HEREBY CERTIFY. That Lattended deceased from
stated EXAC' properly classifi certificate.		DATE OF BIRTH (month, day, and year) June 12, 1863 AGE Yaars Months Days If LESS than 1 day,hr	I last saw h ev alive on 5 4/7 23 ,1937; death is said to have occurred on the date stated above, at 9/5 R.m.
GE should be st hat it may be pr ns on back of cer	OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc	Taloular heart about 2 400 afor
2 4 6			Other Coutributory Causes of importance:

Baltimore 12. BIRTHPLACE (city or town)_ Maryland Kronau

FATHER 13. NAME 14. BIRTHPLACE (city or town) Baltumore (State or country) Maryland

MOTHER Moran 15. MAIDEN NAME

(State or country)

16. BIRTHPLACE (city or town) ___ (State or country)

18. BURIAL

19. UNDERTAKER (Address)

Registrar.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Where did injury occur?

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

If so, specify (Signed) (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Manner of injury

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

should be called a salesman and not a clerk.

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CATISE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

STATE OF	MARYL	AND-	CERTIFIC	ATE	OF	DEATH
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Village or City Mear Gardon More (if death occurred in a hospital or institution, give is NAME intered of street and numb Length of residence in city or town where death occurred. 2. FULL NAME Randolphu Daver (a) Residence: No. Miller Remodolphu Daver (b) Residence: No. Miller Remodolphu Daver (a) Residence: No. Miller Remodolphu Daver (b) Residence: No. Miller Remodolphu Daver (c) Wife of Research of the month, day, end own of the company of the city of town and State of Copy Wife of Badhard Daver (c) Wife of Beather Daver (c) Wife of Badhard Daver (1. PLACE OF DEATH County Talket	(95-5)
Langth of residence in city or town where death occurred. Langth of residence in city or town where death occurred. 2. FULL NAME. Randolph. Dover (a) Residence: No. Miller Rundolph. Dover (b) Residence: No. Miller Rundolph. St., Ward. (a) Residence: No. Miller Rundolph. St., Ward. If nonresident give city or town and Stat PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (which the word) 15. If married, widowed, or divorced (tor) WHE of Beathur. 5. If more in the state and number of the word) 16. Date OF BIRTH (month, day, and yeer) 17. AGE Vears Monthy Days If LESS than to have occurred or the filter states above, at the every early follows: Solver, Boldkerer, etc. 1. Total time (years) Solver, Boldkerer, etc. 1. Total time (years) Sophital for town) (State or country) 1. Informant 1. Horder of town (State or country) Marcel Celly or town) (State or country) Marcel Celly or town) (State or country) Marcel Celly or town) Marcel Celly or town) (State or country) Marcel Celly or town)		Registration Dist. No. 270
2. FULL NAME Randolph Dover (a) Residence: No. Multin River Reck (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE B. S. SINGLE MARRIED, WIDOWED OR DIVORCED (variet the word) Married, widowed, or divorced HUSBAND FULL SAME Days II LESS than 1 Color PRITH (month, day, end yeer) AGE Vers Monthy Days II LESS than 1 S. Irede, profession, or perticular S. Weet on the object which work wes done, as SILK MILL, SAW TER BOOKEER & HINER, SAW Wes done, as SILK MILL, SAW MILL BANK, etc. 11. Total time (years) Spant in this conception (month and 1732 Spant in this co	(If	f death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. Miles River Beach (Usual place of shools) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCLE, MARRIED, WIDOWED OR DIVORCED (curit the word) Warried, widowed, or divorced HUSSANO of Boather 5. DATE OF BIRTH (month, day, end yeer) 7. AGE Years Month Days 11 LESS than 1 day. 12 Date deceased lest worked at this acceptation (month and q (7 3 2 2 spanin in this year)) 12 Date deceased lest worked at this acceptation (month and q (7 3 2 2 spanin in this year)) 13 NAME 14 BIRTHPLACE (city or town) 15 SAMIDEN NAME LOUIS AND ALL SAW ALL STATEMPLACE (city or town) 15 SAMIDEN NAME 16 BIRTHPLACE (city or town) 17 INFORMANT 18 J. MADEN NAME 19 J. MADEN NAME 19 J. MADEN NAME 19 J. MADEN NAME 19 J. MADEN NAME 10 J. MADEN NAME 10 J. MADEN NAME 10 J. MADEN NAME 11 J. MADEN NAME 12 J. MADEN NAME 13 J. MADEN NAME 14 J. MADEN NAME 15 J. MADEN NAME 16 J. MADEN NAME 17 J. MADEN NAME 18 J. MADEN NAME 19 J. MADEN NAME 19 J. MADEN NAME 19 J. MADEN NAME 10 J. MADEN NAME 10 J. MADEN NAME 11 J. MADEN NAME 12 J. MADEN NAME 13 J. MADEN NAME 14 J. MADEN NAME 15 J. MADEN NAME 16 J. MADEN NAME 17 J. MADEN NAME 18 J. MADEN NAME 19 J. MADEN NAME 19 J. MADEN NAME 19 J. MADEN NAME 10 J. MADEN NAME 10 J. MADEN NAME 11 J. MADEN NAME 12 J. MADEN NAME 13 J. MADEN NAME 14 J. MADEN NAME 15 J. MADEN NAME 16 J. MADEN NAME 17 J. MADEN NAME 18 J. MADEN NAME 19 J. MADEN NAME 19 J. MADEN NAME 19 J. MADEN NAME 10 J. MADEN NAME 10 J. MADEN NAME 11 J. MADEN NAME 12 J. MADEN NAME 13 J. MADEN NAME 14 J. MADEN NAME 15 J. MADEN NAME 16 J. MADEN NAME 17 J. MADEN NAME 18 J. MADEN NAME 19 J. MADEN NAME 19 J. MADEN NAME 19 J. MADEN NAME 10 J. MADEN NAME 10 J. MADEN NAME 10 J. MADEN NAME 11 J. MADEN NAME 12 J. MADEN NAME 13 J. MADEN NAME 14 J. MADEN NAME 15 J. MADEN NAME 16 J. MADEN NAME 17 J. MADEN NAME 18 J. MADEN NAM	1 1 2	s. os. now long in 0, 5. If of foreign diffth? yrsmos
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Warried, widowed, or divorced HUSBANO 6. DATE OF BIRTH (month, day, end yeer) 7. AGE Years Month Days 1 It LESS than 1 day, min.s. of, min.s. of, min.s. of, min.s. of, work was done, as SIK MILL, SAW MILL, BANK, etc. 10. Date Geassed iest worked at this occupation (month) and of york done as SPINNER, work was done, as SIK MILL, SAW MILL, BANK, etc. 10. Date Geassed iest worked at this occupation (month) and of york done as SPINNER, occupation (month) and of york done as SPINNER, work was done, as SIK MILL, SAW MILL, BANK, etc. 11. Total time (years) spanil in lints of years) 12. BIRTHPLACE (city or town) (State or country) 13. MAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Place 18. BURNAL, CREMANION, OR REMOVAL Place 19. Menner of injury Nature of injury in any way related to occupation of deceased? 24. Was disease or injury in any way related to occupation of deceased? 24. Was disease or injury in any way related to occupation of deceased? 24. Was disease or injury in any way related to occupation of deceased?		
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B OR DIVORCED (write the word) Warried, wildward, or divorced (10) Wife of Backus South 6. DATE OF BIRTH (month, day, end yeer) 7. AGE Years Month Days II LESS than 1 day hrs. of min. 8. Triede, profession, or perticular SAWYER, BOOKKEEPER, etc. SAWYER, BOOKE	PERSONAL AND STATISTICAL PARTICULARS	
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16. BIRTHPLACE (city or town) (State or country) 17. MAIDEN NAME 18. If each profession, or perticular kind of work done, as SPINER, Saward and the second and the secon	Control Deatrice Doner	, 19, 10, 19
1. AGE Years Monthly 1. Age Note: Age N	5. DATE OF BIRTH (month, day, end yeer) Age (d 1918	l lest saw h alive on, 19, death is
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13. UNDERTAINER	1 Process OV 04	
(Address) (Sealing)		
Side Of O	(Address) Garlon Ma	If so, specify Shop (MC)
20. FILED 9/19 19 2 P. M. Melle (Signed) JUNE (No. N. June, Workstone) (Andress) Backer, Marylone	20, FILED 7/10, 1832, M.N. MOLDLE	(Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
THE AU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrochteritis	1 year
4			

ADDITIONAL SPACE FOR FURTH	R STATEMENTS BY PHYSICIAN
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CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

	CERTIFICATE OF DEATH
1. PLACE OF DEATH	B1-8
County James	Registration Dist. No. 247
Village or City Of Fra	No
11 14.	os. — ds. How long in U.S. if of foreign birth?mos
2. FULL NAME alexander, Robert	Seson
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresideot give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Note 4. COLOR OR RACE OR DIYORCED (wind the word) Name OR DIYORCED (wind the word)	21. DATE OF DEATH (Month) 2 (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Berlha and Halker	22. I HEREBY CERTIFY, That I attended deceased from 1977 to Selve 1932
6. DATE OF BIRTH (month, day, and year) Dec 11 - 1858	I last saw have alive on Sept. 1937; death is sa
7. AGE Years Months Days If LESS than 1 day, hrs	to have occurred on the date stated above, at
/	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Returned Autorinan	m Still Sol - 1 ab - and
9. Industry or business in which	1/ much courses on 1916
work was done, es SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and / 423 - spent in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Sallot Ba	
(State or country)	-
13. NAME Samuel Casov 14. BIRTHPLACE (city or town) Unicon	
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an eutopsy?
15. MAIDEN NAME	23. If death was due to external causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
(State of Country)	(Specify city or town, county and State)
17. INFORMANT MO ON COLOR SAN	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place Easton and Date U Sut \$3, 1934	Nature of injury
	5/1.
La Co Chance -	24 Was dispass or Injury in any way related to accumation of decanad?
19. UNDERTAKER ame a Shine	24. Was disease or Injury in any way related to occupation of deceased?
	24. Was disease or Injury in any way related to occupation of deceased? If so, specify (Signed) M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street ear	1 weck ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	100
Gallstones	May 1,1923	Gastroenteritis	1 year .

V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(31) 29
County / Clean	Registration Dist. No.
Village or City 7 electrical	No. St., V
	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME anne J. Trample	TOOL .
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jesus 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the gord) a. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year
HUSBAND of James Frampton	22. I HEREBY CERTIFY, The attended deceased
5. DATE OF BIRTH (month, day, and year) may 25 859 7. AGE Years Months Days If LESS than I day	I last saw h 27 alive on 28 , 1932 death is to have occurred on the date stated above, at 130 Pm.
8 Trade profession or particular	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of or Principal Causes of Importance were as follows: Date of or Principal Causes of Importance were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc. 10. Dete deceased last worked at this occupation (month and year) year)	
2. BIRTHPLACE (city or town) Baltimore (State or country)	Other Contributory Causes of importance: Hearty 193
13. NAME John S. Shendoller	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis?
15. MAIDEN NAME martha r. McHensy 16. BIRTHPLACE (city or town) which were country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
7. INFORMANT Owner Alexand	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Light 3, 1932	Manner of Injury
19. UNDERTAKER LUNION HARRIST THE ARTY AND THE CONTROL OF THE CONT	24. Was disease or injury in any way related to occupation of deceased?
20, FILED Aft 3 1932 Top Jackson	(Signed) After Medical States

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1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	July 5,1927	1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

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STATE OF MARYLAND—CERTIFICATE OF DEATH

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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(If death occurred in a horpital or institution, two its NAM instead of street and number) which fit residence in city or town whate death occurred yrs, mos. S. How long in U. S. if of foreign birth? 2. FULL NAME (a) Residence: No. ACT (b) Sugal place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Corrected HUSBAND of (or) WIFE of (or) WIFE of Corrected HUSBAND of (or) WIFE of	STATE OF MARYLAND—	CERTIFICATE OF DEATH 10183
Village or City Cast on Ward (If death, occurred in a hospital per institution, for its NAM instead of street and number) 2. FULL NAME	1. PLACE OF DEATH	
2. FULL NAME (a) Residence: No. NATTEN Committed and Selection (Committed and Selection (Committed and Selection) PERSONAL AND STATSTICKL PARTICULARS 3. SEX 1. COLOR OR RACE S. SINCE, MARRIED 3. SEX 1. COLOR OR RACE S. SINCE, MARRIED DATE OF BIRTH (month, day, and year) T. AGE Verst S. Trade, profession, or particular S. SAY (RILL, BARK, stc.) 1. Trade, profession, or particular S. Trade,	County [albo]	Registration Dist. No. 490
2. FULL NAME (a) Residence: No. NATTEN Committed and Selection (Committed and Selection (Committed and Selection) PERSONAL AND STATSTICKL PARTICULARS 3. SEX 1. COLOR OR RACE S. SINCE, MARRIED 3. SEX 1. COLOR OR RACE S. SINCE, MARRIED DATE OF BIRTH (month, day, and year) T. AGE Verst S. Trade, profession, or particular S. SAY (RILL, BARK, stc.) 1. Trade, profession, or particular S. Trade,	Village or City Easton	No. Emergency Mospital St., Ward
(a) Residence: No. MarT. Rey (Englater a shoots) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4-COLOR OR RACE (S. SINCLE, MARRIED, WINDOWED) Sa. It married, vidowed, or glycreed (CH)		
(a) Residence: No. Mart. Per (Usus) place of abode. PERSONAL AND STATISTICK. PARTICULARS 3. SEX 4. COLOR OR RACE S. SINCLE MARRIED, WHOWED, OR DEATH S. It merited, vidowed, or diversed to over the wind. S. It merited, vidowed	m (1)	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORED (early the word) 7. ACE 7. ACE 8. Trade, profession, or particular sind over down and State 8. Trade, profession, or particular sind over down and State 8. Trade, profession, or particular sind over down as SPINNER, SAWYER, BOOKREPER, etc. 9. Judicular over business in which the sale to have occurred on the date stated book at Judicular were as follows: 12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL, CEDIAT DN, OF PERONAL 19. BURIAL CEDIAT DN, OF PERONA	II TO A	O. W. J.
21. DATE OF DEATH S. ET Married, widowed, or divorced Wilson, or divor		
So. It married, widowed, or divocced HUSSAND or Gord (Corp) WIFE of Corp WIFE of Co	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
So. It married, vidowed, or divowed to ordinate the control of the		21. DATE OF DEATH
MUSSAND of Cory WIE of Wie done as SINNER, AGE Wears Months Days If LESS than I day hts. of many with the have occurred on the data stated abova, 31,2,4,	Temale White Married	(Month) (Del) (Year)
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than It day	5a. If married, widowed, or divorced	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day		20 00
TAGE Years Months Days I ELESS than I day	18/9	
8. Trade, profession, or particular find of work dome, as SPINNER, SAW MILL BARK, etc. MILL. 9. Industry or business in white particular for country of the particular field of work dome, as SPINNER, SAW MILL BARK, etc. MILL. SAW MILL BARK, etc. MILL. 10. Oats decessed last worked at this occupation (month and year of the country) 11. Total three (years) apint in this occupation (month and year of the country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 17. INFORMANT (State or country) 17. INFORMANT (State or country) 18. BURIAL, CROMATKIN, OR REMOVAL Place Address) 19. UNDERTAKER A Talket (Address) 19. UNDERTAKER A Talket (Address) 20. FILED (Address) 20. FILED (Address) 21. Total three (years) apint in this occupation (Date of ment and related causes of Importance (Date of ment and r		215%:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWFER, BONKFERR, etc. 10. Otate deceased last worked at this occupation (month and year) 11. Total time (years) span in this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OF REMOVAL Place and and analysis of the state of the stat	1 2 5 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	l ware as fallows:
Other Ceatributary Causes of importance: 12. BIRTHPLACE (city or town) (Stata or country) 13. NAME 14. BIRTHPLACS (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CROMATION, OF REMOVAL Place Country 19. UNDERTAKER (Address)	8 Trade profession or particular	Date of one at
Other Ceatributary Causes of importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or coantry) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CROMATION, OF REMOVAL Place Address 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED 10. Her Ceatributary Causes of importance: Other Ceatributary Causes of importance: Name of operation What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? Undeath was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Other Ceatributary Causes of importance: Other Ceatributary Causes of importance: Name of operation What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? Clurical Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? Accident, suicide, or homicide? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury Nature of injury 14. Was disaese or injury in any way related to occupation of deceased? 15. Was disaese or injury in any way related to occupation of deceased? 16. Was disaese or injury in any way related to occupation of deceased? 17. INFORMANT 18. UNDERTAKER (Address) 19. Was there an autopsy? 19. Wa	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	A 1
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12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CRIMATION, OF REMOVAL Place Address 19. UNDERTAKER (Address) 20. FILED 10. HILED 11. BIRTHPLACE (city or town) (State or country) 10. Hord Address (Address) 11. Hord Address (Address) 12. BIRTHPLACE (city or town) (State or country) 14. Hord Address (Specify city or town) (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. 15. O, specify (Signed) 16. BIRTHPLACE (city or town) (Specify city or town, country and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. 18. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Accident, suicide, or homicide? (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. Was disaase or injury in any way related to occupation of deceased? 20. FILED 20. FILED 20. FILED 21. Address (Address) 22. Address (Address) 23. Address (Address) 24. Was disaase or injury in any way related to occupation of deceased? 24. Was disaase or injury in any way related to occupation of deceased? 24. Was disaase or injury in any way related to occupation of deceased? 24. Was disaase or injury in any way related to occupation of deceased? 25. Address (Address) 26. Hord Address (Address) 27. Hord Address (Address) 28. BIRCHPLACE (city or town) (Accident, suicide, or homicide? (Accident,		
(State or country) 13. NAME		Other Coatributary Causes of importance:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CRIMATION, OF REMOVAL Place Called Semicologist 4, 1937 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Was there an autopsy? Accident, suicide, or homicide? Oate of injury Where did Injury occur? (Specify city or town, country and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 24. Was disaase or injury in any way related to occupation of deceased? If so, specify (Signed) Called M. I Registrar. (Addrass) Math test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? Accident, suicide, or homicide? Oate of injury Need id Injury occur? (Specify city or town, country and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of injury 19. UNDERTAKER (Address) A. Jaluat (Address) M. I (Address) (Address) M. I (Address)	10	
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15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CRIMATION, OF REMOVAL Place Called Semicologist 4, 1937 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Was there an autopsy? Accident, suicide, or homicide? Oate of injury Where did Injury occur? (Specify city or town, country and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 24. Was disaase or injury in any way related to occupation of deceased? If so, specify (Signed) Called M. I Registrar. (Addrass) Math test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? Accident, suicide, or homicide? Oate of injury Need id Injury occur? (Specify city or town, country and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of injury 19. UNDERTAKER (Address) A. Jaluat (Address) M. I (Address) (Address) M. I (Address)	H IN BIDTHOLAGE (situations) Don't Idage	Name of operation Extoratory Data of 9/ 2 3
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CRIMATION, OR REMOVAL Place Alle Servel Date State (Address) 19. UNDERTAKER (Address) 20. FILED 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? (Signed) (Signed) (Signed) (Address) M. I. (Address)	(State or country)	00 - 0
17. INFORMANT (Address) 18. BURIAL, CROMATION, OF REMOVAL Place All Colors (Address) 19. UNDERTAKER OF A Salut (Address) 19. UNDERTAKER OF A Salut (Address) 19. UNDERTAKER OF A Salut (Address) 10. FILED All Colors (Address)	15. MAIDEN NAME Enistine ?	-
17. INFORMANT (Address) 18. BURIAL, CROMATION, OF REMOVAL Place All Colors (Address) 19. UNDERTAKER OF A Salut (Address) 19. UNDERTAKER OF A Salut (Address) 19. UNDERTAKER OF A Salut (Address) 10. FILED All Colors (Address)	16 BIRTHPI ACF (city or town)	Accident, suicide, or homicide? Oate of injury, 19
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(Address) 18. BURIAL, CROMATION, OR REMOVAL Place and successful benefits of 4, 1932 19. UNDERTAKER 4. A. Salest (Address) (Address) Recel (Bradfield St., 1) ress (Signed) 20. FILED Systy, 1932 (Address)	17 INFORMANT Ince acute Nays to	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place a Re Siell bennebis Sight 4, 1932 Nature of injury 19. UNDERTAKER 4. A. Sailert 3. November 19. UNDERTAKER 4. (Address) Reed 5. Registrar. 20. FILED Sight 3. 19.32 November 19. November 19. (Signed) Consider 19. M. I. Registrar. (Address) Resistrar. (Address) Consider 19. M. I.	(Address) Ediction	
19. UNDERTAKER 49. A. Sailett 24. Was disease or injury in any way related to occupation of deceased? 74. (Address) Reed (Bradfact St., Proces) If so, specify (Signed) 7. (Signed) M. I. Registrar. (Address) Coslocy and M. I.	P II II I I I I I I I I I I I I I I I I	Manner of injury
(Address) Reed & Bradled St. Voves), If so, specify 20. FILED Syst5, 1932 M. H. Nevrus (Signed) Zufolus M. I Registrar. (Address) Coulous Suf	Place Control of the Date of the Place of th	Nature of injury
20. FILED Syst3, 1932 M. H. Nevus (Signed) Zutalus M. I Registrar. (Addrass) Coslace Dud		24. Was disaase or injury in any way related to occupation of deceased?
20. FILED 20, 19.00 Colore Lief Registrar. (Addrass) Colore Lief	(Address) Keel & Bradful St., free Je	7. 4.1.
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	ff	

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Exa	ample I	6	Example II	
The principal cause of deat of importance were as follow	h and related causes ws:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	OCT 8 193	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU	July 5,1927	Peritonitis	3 days ago
Other contributory causes of	f importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
	*			

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item-of infor-MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. V. S. No. 1

1. PLACE OF DEATH	(59)
county / aclust	Registration Dist. No. 290
· · · · · · · · · · · · · · · · · · ·	f death occurred in hospital or institution, give its NAME instead of street and number)
2. FULL NAME (a) Residence: No. (Usual place of abode)	s
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write thanword)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSDAND ST (or) WIFE of 250 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	22. I HEREBY CERTIFY, That I attended deceased from 30,1932, to Supt 4, 1932
6. DATE OF BIRTH (month, day, and year) Cug 6, 189 7. AGE Years Months Days If LESS than 1 day,	I no I WHATH WE CHARE OF DEWITH and Selected Agraes of Importance
8 Trade profession or particular	were as follows: Feles meliters. Date of onset 1929
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and specific properties).	
o this occupation (month and spent in this occupation was spent in this occupation with the spent in this occupation was spent in this occupation with the spent in this occupation was spent in this occupation with the spent in this occupation was spent in this occupation when the spent in this occupation was spent in this occupation when the spent in this occupation was spent in this occupation when the spent in this occupation was spent in this occupation when the spent in this occupation was spent in this occupation when the spent in this occupation was spent in this occupation when the spent in this occupation was spent in this occupation when the spent in this occupation was spent in this occupation when the spent in this occupation was spent in this occupation when the spent in this occupation was spent in this occupation when the spent in this occupation was spent in this occupation when the spent in this occupation was spent in this occupation when the spent in this occupation when the spent in this occupation was spent in the spent in	Other Cantributory Causes of Importance: Despusaling 8/20/3
(State or country) 13. NAME Class Chamberlaine	- acut ff
14. BIRTHPLACE (city or town) Cardava (State or country)	Name of operation Date of What test confirmed diagnosis? Blood analyse Was there an autopsy? No
15. MAIDEN NAME Charlotta Pogers 16. BIRTHPLACE (city or town) Dieser Quitos Cs (Stata or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT S. W. Staffand. (Addrass)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Date 9 6, 1937	Mannar of injury
19. UNDERTAKER Carle W Stufford. (Address)	24. Was diseese or injury in eny way related to occupation of deceased? If so, specify
20. FILED. 7/5, 19 3 Z. M. TV. Kones. Registrat.	(Signed) M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deccased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
of importance were as follows: Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	STATE C	OF MARYLAND—	CERTIFICATE OF DEATH	185
1	. PLACE OF DEATH		(a)	1
	County allow		Registration Dist. No. 29	0
	Village or City East	√ }(If	death occurred in a hospital or institution, give its NAME instead of street and	• Ward
N,	Langth of residence in city or town where	death occurred yrs mos	ds. How long in U.S. If of foreign birth?yrs	osds.
	(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and	State
econor	PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH	
3.	SEX ? COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay)	, 193 2 (Year)
5a.	If merried, widowad, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended	
2	DATE OF BIRTH (month, day, end year)	ept. 8,932	I last saw h aliva on	
	AGE Years Months	Days If LESS then I day,hrs.	to have occurred on the date stated above, etm. Tha PRINCIPAL CAUSE OF DEATH and retated causes ol importance	
_	9 Trade explanation or particular	ormin.	were es follows:	Oate of onset
NO	8. Trede, profession, or particular kind of work dona, as SP!NNER, SAWYER, BOOKKEEPER, etc		Trelin (6 Wells)	
AT	Industry or business in which			
OCCUPATION	work wes dona, as SILK MILL, SAW MILL, BAUK, etc	II. Total time (yeers) spant in this	Charlian Meuilable	-
_	year)	occupation	Other Contributory Canses of importance:	
12	. BIRTHPLACE (city or town)	nd.		
ER	13. NAME BENNOYO	Kellum		
FATHER	14. BIRTHPLACE (city or town)	Jox Know	Name of operation Date of	
_	(State or country)	0 112	What test confirmed diagnosis? Was there en	autopsy?
HER	15. MAIDEN NAME SELLIC	om Wall in	23. If death was due to external causes (VIOLENCE) fill in elso the following	g:
MOTHER	16. BIRTHPLACE (city or town)	Majura	Accident, suicide, or homicide? Date of Injury Where did injury occur?	, 19
17	INFORMANT Gulas	Kellum	(Specify city or town, county and Star Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ie) ACE.
18	BURIAL, CREMATION, OR REMOVAL Place Contain		Menner of injury	
19	UNDERTAKER AND COLUMN (Address)	ey Hospital	24. Was disease or injury in any way related to occupation of deceesed? If so, specify	
20), FILED 9/8 , 1932 Y	1 H. Merries Registrar.	(Signed) Willey (Address) Eastern Mid	M. D.
-			71.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PUREAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

N. B.

STATE OF MARYLAND	CERTIFICATE OF DEATH 10186
1. PLACE OF DEATH	2 000
County Calkol	Registration Dist. No.
	No. Ward death occurred in a horpital or institution, give its NAME instead of preet and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrs. //mosds.
2. FULL NAME Demand / Man	rel
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH September 16 193 W
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
1274	I last saw h AM alive on S.C. A. 1922 death is said
6. DATE OF BIRTH (month, day, and year) Les Control O Transcription of the Control O Transcri	I last saw h. Nov. alive on
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows: Date of onset
SAWYER, BODKKEEPER, etc.	his need date Start af
9. Andustry or business in which work was done, as SILK MILL, M. Engany Slaugh	() + Legio
kind of work done, as SPINNER, SAWYER, BODKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, Y. Chow Slaudy SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and a) 150 tall time (years) spent in this spent in this) race
year) occupation 1)	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	
(State or country)	
13. NAME GROTGE M. MOTYCL	
14. BIRTHPLACE (city or town) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Name of operation
(State of County)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME CONTINA TUMMEN 16. BIRTHPLACE (city or town) May August 16. State or country)	23. If death was due to external causes (VIDL ENCE) fill In also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Accident, Sate of injury 7 19 19
HO Mayuall	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
17. INFORMANT (Address)	Specify whether injury scharled in INDUSTRY, in nome, of in Poblic Place.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury & attacked by Toule
Place Castolis Date 19 1932	
19, UNDERTAKER Que Q. Speuter	24. Was disease or Injury in any way related to occupation of deceased?
(Address) Country Mana.	If so, specify
20. FILED 9/16 , 19-37 M. Merries	(Signed) M. [
Registrar.	(Address) Sollar Alex

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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à	U	.11	U	-	

1. PLACE OF DEATH		95-2
County Tulba		Registration Dist. No. 29/
Village or City & Mucha	eren	NoSt,Ward
Length of residence in city or town where death		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
(Pin Van)	Mitatale	
2. FULL NAME V COLORO	michalla	[A. (a)] Wast
(a) Residence: No.	(Usual place of abode)	St), Ward. If nonresident give city or town and State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5.	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH eptember 29 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	if mitchell	1 HEREBY CERTIFY, That I altended deceased from 1932/10 Suppl 29 1932
6. DATE OF BIRTH (month, day, and year)	50 1880	Wast saw hem alive on Sept 28, you 1932; death is said
7. AGE Years Months 9	Days If LESS than 1 day, hrs. ormin.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	1 01	Cardiac Delatation (Cente) Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	fo-	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	f
12. BIRTHPLACE (city or town)	hach 5	Other Contributory Causes of Importance:
(State or country)	mil	
13. NAME Henry Jer	m	
13. NAME LENGTHPLACE (city or town) alb	at 60	Name of operation
(State of Country)	The fire	Whet test confirmed diagnosis?
15. MAIDEN NAME	fryschee ?	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Stramble 16. BIRTHPLACE (city or town) Stramble (State or country)	repair que	Accident, suicide, or homicide?
17. INFORMANT Lancie (Address)	nytcheer	Where did Injury occur?(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place A Michael	Date Got / 1932	Manner of injury
19. UNDERTAKER A Mand	and unbour	24. Was disease or injury in any way related to occupation of deceased? No
20. FILED Oct 1 , 1932 John ,	Heyeralea. Registrar.	(Signed) the to heart Me M. D. (Address) St. Muchalla Mal.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	ĺ	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Arteriosclerosis Chronic interstitial hephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Mor- state	UPA-		CERTIFICATE OF DEATH 10188
The same of	0000	1. PLACE OF DEATH County Salles	Registration Dist. No. 290
A 100 C	0 /	Village or City Eugloce	
5 CO .	6 1	Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. it of foreign birth?yrsmosds.
Every	statement	2. FULL NAME Successed J. H.	alreen
		(a) Residence: No. (UsuaTplace of abode)	St, Ward. If nonresident give city or town and State
PH	xact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
LY	7 1	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH Sept 10 , 193 (Year)
BINDING ERMANEN EXACTI	assified.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Muytle V. Barewick	22. HEREBY CERTIFY, That I attended deceased from Sept 10 1932 to Sept 10 1932
H SX.	properly cla certificate.	6. DATE OF BIRTH (month, day and year) Field 26 - 1900 7. AGE Years Months Days If LESS than 1 day	I last saw h
FOR IS A stated	prop	8. Trade, profession, or particular	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onsot
	may be back of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc. 10. Dato deceased last worked at this occupation (month and	Cicle hyrcard
SER NK-	1 =	SAW MILL, BANK, atc	
. 2 3	rms, so that instructions o	year) occupation 12. BIRTHPLACE (city or town) Museyleuse	Other Contributory Canses of Importance:
MARGIN UNFADI	terms, e instru	(State or country) 13. NAME Saucel Catrick	
MA (U)	see i	14. BIRTHPLACE (city or town) Mary Land	Nama of operation
OE A	plain . See	(State of Country)	What test confirmed diagnosis? Was there an autopsy?
LY, WITH	in	15. MAIDEN NAME Click & Scram 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Zco Accidant, suicide, or homicida?
	OF DEATH very import	17. INFORMANT Burling E. Flay (Address) Easter mid	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
hand	E S	18. BURIAL, CREMATION, OR REMOVAL Place Laston and Data Sept. 12, 1932	Manner of Injury
No. 1 S.—WRIT mation	CAUS	19. UNDERTAKER John Dulliages (Address)	24. Was disease er injury in any way related to occupation of deceased? Zumann
			10: 11 / 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related eauses of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory cause of importance		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
The state of the s			

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	$\underline{\hspace{1cm}}$
County /allow	Registration Dist. No. 29/
Village or City / Bellenus	NoSt., Ward
(If Length of residence in city or town where death occurred 2 Gyrs	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
50 . 18.	
2. FULL NAME Chara Am	promise.
(a) Residence: No. (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 14 193 3 2
Tende un maon	(Month) (Day) (Yaar)
14 HUSBAND OF OF STEP OF ALL O	22. I HEREBY CERTIFY That I stended deceased from July 30 1932 to Sept 10 1932
5. DATE OF BIRTH (month, day, and year) Spiles 12 16 1872	I last saw her alive on Sapt 9-30, 1932; death is said
7. AGE Years Menths Days If LESS than	to have occurred on the date stated above, at
(0) 1872 Frely 1200 or min.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
B. Trade, profession, or particular kind of work dona, as SPINNER, Medurfue SAWYER, BOOKKEEPER, etc.	Contractaline 1 h
9. Industry or business in which	and the second
work was done, as SILK MILL, SAW MILL, BANK, atc	(Whitsal Disease)
10. Data deceased tasl worked et this occupation (month and year)	
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country) (State or country)	Pulmonary Edema
13. NAME Henry Wills	
14. BIRTHPLACE (city or town) Talkot Cu	Nama of operation
(State or country)	What test confirmed diagnosis? ———————————————————————————————————
15. MAIDEN NAME Zunly Zuny	23. If death was due to external causes (VtOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide?
(Stata or country) call carry	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Came Dogres (Address) (2) 2 and also Europe	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL Duliele min	Manher of Injury
Place 2 Please Date 7/3/2. P. 2	Natura of injury.
19. UNDERTAKER AND SURVEY /	24. Was disease or injury In any way related to occupation of deceased?
(Address) All to the many	If so, specify (Signed) Leads 10, heaves
20. FILED Refit (2) 1932 John Howales Registrar.	(Signed) Lucy O. M.D. M.D. (Address) St. Thuslisely M.D.
If more blanks are needed, address State Revistrar	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	D	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Stated EXACTLY. PHYSICIANS Successived Exact statement of OCCUPA-A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING See instructions on back of certificate. -WRITE PLAINLY, WITH UNFADING INK-THIS IS MARGIN RESERVED mation should be carefully supplied. AGE should be TION is very important.

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	B
County albot 60	Registration Dist. No. 27
Village or City Atmobal and (If	NoSt,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No. St Much auly (Usual place of abode)	W St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX A. COLOR OR RACE OR DIVORCED (write the word) White	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katha Lawrence	22. THEREBY CERTIFY That I attended deceased from 19.32 to SE/IX 4 19.32
6. DATE OF BIRTH (month, day, and year) Sent 12 1849	Chast saw h we alive on SEfox, 4 , 19.32; death is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
82 1849 // 22 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER. Multiple SAWYER, BOOKKEEPER, etc.	Caremona of face ?
9. Industry or business in which work was done, as SILK MILL,	// //
kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and year). year).	
12. BIRTHPLACE (city or town) At Muchaeli (State or country)	Other Contributory Causes of Importance:
	recurry
	Name of Association Date of
(State or country) Muly Prom Net 200	Name of operation Date of What test confirmed diagnosis? Wes there an autopsy?
E 15. MAIDEN NAME Travers. Person	23, If deeth was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME TOWNS OF SUPERIOR OF SUPER	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Mr. Kate H Sparker (Address)	(Specify city or town, county and State) Specify whether Injory occurred In INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place St michau Date Leps 6, 19.32	Manner of injury
19. UNDERTAKER A March cul (Address)	24. Was disease er injury In any way related to occupation of deceased?
20. FILED Sefet 6 , 1932 John Huwales Registrar.	(Signed) Atofos M. D. (Address) 5x Muchaelo
If more blanks are needed address State Projets are	N. Charles Street Belginger Property 71 C No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
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Example I		Example II		
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Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			1	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

A Purs pufit fram

If more blanks are needed, address State Registrar, 2411 N. Charlet Street, Baltimore, Requesting U. S. No. 1.

BINDING

ARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1		Example II		
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	1			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
. 4	1			

V. S. No. 1

Z

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10192
1. PLACE OF DEATH	129
County / allo	Registration Dist. No. 290
Village of City Eastern	No. Carela every Hoop, St., Ward
(If	death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME / Pranch	ass
(a) Residence: No. J-/// (Usual place of abode)	St, Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Niale White Widowes	(Month) (Day) (Year)
5a. If merried widowed or divorced	(1001)
HUSBAND of Cor) WIFE of Plannie Ourquiaus	22. HEREBY CERTIFY, That f attended deceased from
0.	Dept. F., 1932, 10 Sept 30, 1971
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Month Deys If LESS then	I last saw h Line alive on A. A
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance
9 Trade profession or sectionles	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Water SAWYER, BOOKKEEPER, etc.	Bull mest of a 9/2/
4 9 Industry or business In which	1/1/3
TO A A A CAM SAILS DAMY	
SAW MILL, BARN, etc. 10. Date deceased last worked at this occupation compath and spent in this	
year) occupation	Other Cantributary Causes of Importance;
12. BIRTHPLACE (city or town)	
(State or country)	
13. NAME Some & Sweethales 14. BIRTHPLACE (city or town)	1 5
14. BIRTHPLACE (city or town)	Name of operation 1 1 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2
(State or country)	What test confirmed diagnosis? I.E. Month Was there an autopsy?
15. MAIDEN NAME Lycette miller 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill In also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
(State of country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Motor Regional States	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Managed Indian
Place Rearist md Date Oct 2nd 1932	Manner of injury
non 1 Th.	
19. UNDERTAKER (AUTHORN & STATISTICS) (Address)	24. Was disease or Injury in any way related to occupation of deceased?
9/2 22 20 1/10:	(Signed) M. D.
20. FILED 7/30, 1932 Registrar.	(Address) Sastan med
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAL	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIA
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CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

V. S. No. 1

SIAIL OF MARYLA	MD—CERTIFICATE OF DEATH
County Talk	Registration Dist. No. 290
Village or City Zaston Ind	No. St War.
Length of residence in city or town where death occurred 3-2-yrs.	(If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long in U.S. If of foreign birth?yrsmosds.
2 FULL NAME Share O Thomas	201-1
(a) Residence: No. Meedwood av	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULAR	If nonresident give city or town and State RS MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIC	OWED, 21. DATE OF DEATH
Male LeRet Market	, 193
oa. If marriad, widowed, or divorced HUSBANO of	(Month) (Oay) (Year)
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
S. DATE OF BIRTH (month, day, and year) 9/23/1880	I last saw h alive on 19 death is sai
	SS than to have occurred on the date stated above, at 2 1 m.
57 11 27 1 day,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Data of onse
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	- ante Dilatation of
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Least 9-19
1 10 Date decared last worked at	
10. Date deceased last worked at this occupation (month and yeer)	0.30
PINTUNI ACT (silver Acres)	Other Contributory Causes of importance:
2. BIRTHPLACE (city or town) (State or country)	
13. NAME	
13. NAME 14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy? 24
15. MAIDEN NAME	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury19
(Stata or country)	Where did injury occur?
17. INFORMANT Chile Thomas	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Easton Ind	
8. BURIAL REMATION, OR REMOVAL	Manner of injury
Place 7 Oate Oate	Nature of injury
9. UNDERTAKER AMERICA COLLEGE	24. Was disease or injury In any way related to occupation of deceased? 200
(Addess Zaston Mind	If so, specify
20. FILEO. 4/20, 1932 1. St. Neuru	(Signed) M. I
Re-	gistrar. (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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	1000	
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	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
,		
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

4 37 6 6

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

m

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10194
1. PLACE OF DEATH	24)
County Talbo	Registration Dist. No. 290
Village or City Easton	No. Emergency Mospitalst, Ward
	death occurred in a horpital of institution, give is NAME intend of street and number) 2 / lds. How long in U.S. if of foreign birth?
LI A LI. OO.	
	. St. Ward.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH September 2 2193 2 (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	1 HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw his allve on Sept 22, 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atla:_m.
38 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Z S Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	Testerculous maningstin 9-12-12
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9.Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and	
Do Date deceased last worked et this occupation (month and year) spant in this occupation occupation.	
12. BIRTHPLACE (city or town) Luaben Negle	Other Castributary Causes of importance:
(State or country) Maryland	
13. NAME Walter Williams 14. BIRTHPLACE (city or town)	
[14. BIRTHPLACE (city or town). (State or country)	What test confirmed diagnosis? June Plund of Was there an aulopsy? The
	What test confirmed diagnosis? Was there an aulopsy? Was there an aulopsy? Was there are aulopsy? Was there are aulopsy? Was the following:
15. MAIDEN NAME Kannall Couper 16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide?
(State or country) way and	Where did injury occur?
17. INFORMANT Mornau William (Address) Chesterlaun, RF 73 Mid	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Toemonia Mate Sept. 15, 1932	Nature of injury
19. UNDERTAKER Aslum Henry (Address) Lestertown And	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO 9 / 23 , 19 \$ Z . M. Nel Registrar.	(Signed) Seaton M.D. (Address) Seaton M.d.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I			Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	OCT 8 1932	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
	EURTAU	1		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

state infor-

OCCUPA.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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